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## Outpatient Hospital Services

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### 4.201 Outpatient Hospital Services (09/01/2023, 22-107)

#### 4.201.1 Definitions

For the purposes of this rule, the term:

- (a) **Outpatient** means a Vermont Medicaid beneficiary who is a patient of a hospital or distinct part of that hospital who is expected by the hospital to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the hospital past midnight.
- (b) **Outpatient hospital services** means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to outpatients by or under the direction of a physician, naturopathic physician, or dentist; and are furnished by an institution that meets the definitions of “hospital” in Health Care Administrative Rule 1.101 - Definitions.

#### 4.201.2 Covered Services

- (a) Outpatient hospital services are covered by Vermont Medicaid according to the conditions for coverage at section 4.201.3 of this rule.

#### 4.201.3 Conditions for Coverage

- (a) Use of the emergency room at any time is limited to instances of emergency medical conditions, as defined in Health Care Administrative Rule 4.102.1(c).

#### 4.201.4 Prior Authorization Requirements

- (a) The Vermont Medicaid Fee Schedule contains a detailed list of covered services and indicates which services require prior authorization. The Fee Schedule can be found on the Department of Vermont Health Access website.
- (b) Elective outpatient hospital services may require prior authorization at certain hospitals prior to the provision of services. The list of hospitals that require prior authorization for elective outpatient hospital services can be found on the Department of Vermont Health Access website.

#### 4.201.5 Non-Covered Services

- (a) Diagnostic testing, such as a court-ordered test, that is not medically necessary, as defined in Health Care Administrative Rule 4.101, is not covered.